



APPLICATION FOR JOB SERVICE RETIREMENT BENEFITS

NORTH DAKOTA PUBLIC EMPLOYEES RETIREMENT SYSTEM

SFN 53837 (3/04)

In compliance with the Federal Privacy Act of 1974, the disclosure of the individual's social security number on this form is mandatory pursuant to 26 U.S.C. Section 3402. The individual's social security number will be used for tax reporting and as an identification number.

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PART A MEMBER INFORMATION

Name (Last, First, MI)			Social Security Number	
Date of Birth	Sex	Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Single	Home Phone Number	
Address		City	State	Zip Code

PART B APPLICATION FOR RETIREMENT BENEFITS

Date Retirement Benefits Begin (Month / Day / Year) _____/_____/_____

PART C RETIREMENT DATES

<input type="checkbox"/> Normal Retirement (Age 65)
<input type="checkbox"/> Optional Retirement <input type="checkbox"/> Age 62 w/5 yrs service credit <input type="checkbox"/> Age 60 w/20 yrs service credit <input type="checkbox"/> Age 55 w/30 yrs service credit
<input type="checkbox"/> Early Retirement <input type="checkbox"/> 5 yrs service credit <input type="checkbox"/> 20 yrs service credit <input type="checkbox"/> 30 yrs service credit

PART d RETIREMENT PAYMENT OPTIONS (Check One)

<input type="checkbox"/> Straight Life Base Annuity
<input type="checkbox"/> Life Annuity Guarantee <input type="checkbox"/> 120 – Months <input type="checkbox"/> 180 – Month <input type="checkbox"/> 240 – Months
<input type="checkbox"/> Life Annuity Continuing With Contingent Annuitant <input type="checkbox"/> 55% <input type="checkbox"/> 75% <input type="checkbox"/> 100%
<input type="checkbox"/> Straight Life Annuity With Uniform Income
<input type="checkbox"/> Life Annuity Guarantee With Uniform Income <input type="checkbox"/> 120 – Months <input type="checkbox"/> 180 – Months <input type="checkbox"/> 240 – Months
<input type="checkbox"/> Life Annuity With Contingent Annuitant And Uniform Income <input type="checkbox"/> 55% <input type="checkbox"/> 75% <input type="checkbox"/> 100%

PART E SICK LEAVE

Number of Hours _____

PART F AUTHORIZATION

- I elect to receive the retirement benefits as indicated in PART D. I understand I must submit a photocopy of my birth certificate. (If married, also submit a photocopy of spouse's birth certificate & marriage certificate).
- The retirement option I selected in PART D has been explained to me.
- I do understand the retirement option I selected in PART D.

Member's Signature

Date

ORIGINAL TO NDPERS - PLEASE RETAIN A PHOTOCOPY FOR YOUR RECORDS